## UNITED STATES DISTRICT COURT

for the

Northern District of California

Northern District of Camornia					
AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO; AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO; et al.  Plaintiff(s)  V.  UNITED STATES OFFICE OF PERSONNEL MANAGEMENT, et al.,  Defendant(s)	Civil Action No. 3:25-cv-01780				
SUMMONS IN A CIVIL ACTION					
To: (Defendant's name and address) UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 Independence Ave., S.W., Room 713-F Washington, DC 20201					
A lawsuit has been filed against you.  Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:  Eileen B. Goldsmith (SBN 218029)  ALTSHULER BERZON LLP  177 Post Street, Suite 300  San Francisco, CA 94108  Tel. (415) 421-7151 Email. egoldsmith@altber.com  If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.					
	CLERK OF COURT				
Date:					
	Signature of Clerk or Deputy Clerk				

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No.

## **PROOF OF SERVICE**

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

was re	This summons for (name ceived by me on (date)	ne of individual and title, if any)			
	•	·			
	I personally served the summons on the individual at (place)				
		on (date)		; or	
	I left the summons at the individual's residence or usual place of abode with (name)  , a person of suitable age and discretion who resides there				
	on (date), and mailed a copy to the individual's last known address; or				
	☐ I served the summ	ons on (name of individual)		, who is	
	designated by law to accept service of process on behalf of (name of organization)				
			on (date)	; or	
	☐ I returned the sum	mons unexecuted because		; or	
	Other (specify):				
	My fees are \$	for travel and \$	for services, for a total of		
	I declare under penalty	is true.			
D (					
Date:			Server's signature		
			Printed name and title		
			Server's address		

Additional information regarding attempted service, etc: